

MONTANA BOARD OF ALTERNATIVE HEALTH CARE

NATUROPATHIC PHYSICIAN LICENSURE IN MONTANA

THIS IS AN INFORMATION SUMMARY SHEET ONLY. THE APPLICANT IS RESPONSIBLE FOR READING THE COMPLETE STATUTES AND RULES PRIOR TO MAKING APPLICATION.

APPLICATIONS MUST BE APPROVED BY THE MEMBERS THROUGH THE MAIL. AVERAGE APPROVAL/DENIAL TIME, AFTER RECEIPT OF ALL REQUIRED DOCUMENTATION, IS ONE MONTH.

A. REQUIREMENTS FOR LICENSURE:

NATUROPATHIC PHYSICIAN LICENSURE BY EXAMINATION: Applicant must:

- 1) be of good moral character;
- 2) be a graduate of an approved naturopathic school which requires at a minimum, a 4-year, full time resident program of academic and clinical study.
- 3) have passed the naturopathic physicians licensing exam (NPLEX - clinical sciences exam, basic sciences exam, and homeopathic and minor surgery add-on exams) with a score of 75 or better or an exam endorsed by the Board;
- 4) have submitted a complete application accompanied by the appropriate fee and all supporting documents.

NATUROPATHIC PHYSICIAN LICENSEES FROM OTHER STATES: Applicant must:

- 1) have a current license in good standing from a state whose license standards at the time of application to this state are substantially equivalent to or greater than the standards in this state (i.e., meet standards 1-4 above)and;
- 2) provide verification from the state or states in which the applicant is licensed that the applicant is not subject to pending charges or final disciplinary action for unprofessional conduct.

B. GENERAL INFORMATION:

3 copies (plus original) of the completed application and all supporting documents submitted by you must be received in the Board office before your application can be sent to the Board for review.

C. SUPPORTING DOCUMENTS FOR NATUROPATHIC PHYSICIAN EXAMINATION CANDIDATES AND CANDIDATES FROM OTHER STATES:

- 1) Application fee of \$300 (non-refundable) made payable to the Board of Alternative Health Care.
- 2) Photograph approximately 2" X 2" taken within 2 years of the date of application.
- 3) Certified copy of transcript verifying graduation sent directly to the Board office from the approved naturopathic college.
- 4) Documentation of good moral character consisting of three letters of reference, at least one of which must be from a licensed naturopathic physician.
- 5) Written, official verification received directly from another state or jurisdiction of the successful completion of licensure exam; except

NPLEX scores must be verified by NABNE. NPLEX exams required are: basic sciences, clinical sciences, and minor surgery and homeopathy

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add-on exams. Contact NPLEX at (503)250-9141.

- 6) Applicants with licenses from other states must contact other states of licensure (past & current) and request letters of verification of license status to be sent directly to the Board office from the licensing jurisdiction. **The candidate will be responsible for contacting these jurisdictions and paying any fees that are required.**

D. SUPPORTING DOCUMENTS FOR APPLICANTS FOR CHILDBIRTH SPECIALTY CERTIFICATES

- 1) Documentation described in #1 through #5 above (#6 if applicable).
- 2) Application fee of \$100 (non-refundable) made payable to the Board of Alternative Health Care.
- 3) Written, official verification of successful completion of the ACNO (American College of Naturopathic Obstetricians) exam or a specialty examination approved by the Board which verification is sent directly from ACNO or the jurisdiction in which the examination was taken.
- 4) Documentation of 100 clock hours of coursework substantiated by official college transcript with hours highlighted, or a signed supervisor statement detailing hours of internship or preceptorship.
- 5) A log of natural childbirth care signed by a licensed naturopathic, medical, or osteopathic physician with specialty training in obstetrics documenting that the applicant has observed and assisted in the prenatal and postnatal care and deliveries of 50 supervised natural childbirths since 1980, including 25 births as the primary birth attendant. The log shall contain the baby's name, date of birth, county and state of birth, the name(s) of the primary birth attendants, and the name and license number of the supervisor.

Send applications to:
MONTANA BOARD OF ALTERNATIVE HEALTH CARE
PROGRAM MANAGER
301 S PARK 4TH FLOOR
PO BOX 200513
HELENA MONTANA 59620-0513
406-841-2365
E-mail dlibsdahc@state.mt.us

MONTANA BOARD OF ALTERNATIVE HEALTH CARE

301 S. Park 4th Floor

P. O. Box 200513

Helena, Montana 59620-0513

(406) 841-2365 FAX (406) 841-2305 E-MAIL dlibsdahc@state.mt.us

<http://discoveringmontana.com/dli/psy>

Application for Licensure as:

- ☐ Naturopathic Physician
☐ Childbirth Specialty Certificate

Application by:

- ☐ Examination
☐ License from Another State

1. FULL NAME _____
Last First Middle
2. OTHER NAME(S) KNOWN BY _____
3. BUSINESS NAME: _____
4. BUSINESS ADDRESS _____
Street or PO Box # City and State Zip Country
5. HOME ADDRESS _____
Street or PO Box # City and State Zip Country
- PREFERRED MAILING ADDRESS: ☐ Business ☐ Home E-MAIL ADDRESS _____
6. TELEPHONE: () () ()
Business Home Fax
7. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____
8. DATE OF BIRTH _____ PLACE OF BIRTH _____
City/State ☐ MALE ☐ FEMALE
9. LICENSE NAME _____
(State your name as it should appear on the license if granted.)

Please answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a Supplement Sheet.

10. If taking an examination, do you have any physical or mental impairment(s) requiring special accommodation(s)? If yes, attach a detailed explanation. ☐ Yes ☐ No
11. Have you ever taken the licensure examination in Montana or any other state? If yes, give state, date, and results. ☐ Yes ☐ No
12. Have you ever been denied the right to take this profession's licensing examination in any state? If yes, attach a detailed explanation. ☐ Yes ☐ No
13. List all professional/occupational licenses, registrations, or certificates granted to you.

| State/Province/Territory | License Number | Date Issued | Current | Type of License |
|--------------------------|----------------|-------------|---------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

14. Has a licensing agency ever taken adverse or disciplinary action against your license (certificate)?
If yes, attach a detailed explanation. ☐ Yes ☐ No
15. Has your license (certificate) ever been forfeited or surrendered? If yes, attach a detailed explanation. ☐ Yes ☐ No
16. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct?
If yes, attach a detailed explanation. ☐ Yes ☐ No
17. Has any legal or disciplinary action been filed against you which relates to the propriety or your
fitness to practice this profession? If yes, attach a detailed explanation. ☐ Yes ☐ No
18. Have you ever been expelled from or asked to resign from any professional organization or been censured
by a professional organization of which you were a member? If yes, attach a detailed explanation. ☐ Yes ☐ No
19. Do you have criminal charges pending or have you ever pled guilty or been convicted of a crime (including a
plea of no contest or deferred prosecution) relating to, or committed during the course of your professional
practice, involving violence, use or sale of drugs, fraud, deceit, or theft, whether or not an appeal is pending?
You may omit: (1) traffic violations for which you paid a fine of \$100.00 or less and (2) charges or
convictions prior to your 16th birthday. If yes, attach a detailed explanation. ☐ Yes ☐ No
20. Have you ever been charged with fraud, formally or informally, in any civil proceeding?
If yes, attach a detailed explanation. ☐ Yes ☐ No
21. Have you any physical or mental condition which has in the past three years adversely
affected your ability to practice this profession, including but not limited to, a contagious or infectious
disease involving serious risk to the public? If yes, attach a detailed explanation. ☐ Yes ☐ No
22. Have you, within the last three years, used alcohol or any other mood-altering substance in a manner
which adversely affected your ability to practice this profession? If yes, attach a detailed explanation. ☐ Yes ☐ No

23. Educational Background

Name & Location of Institution

Dates Attended

Degree & Date Received

24. Professional Experience as a Naturopath (List all experience, unpaid as well as paid, concurrent as well as consecutive, starting at the
date of application and working back to graduation from your naturopathic college. Use additional sheet if necessary.

- a). _____
- b). _____
- c). _____

COMPLETE QUESTIONS 25 AND 26 ONLY IF APPLYING FOR CHILDBIRTH SPECIALTY CERTIFICATE

25. Montana Naturopathic Physician License Number (or submit photocopy of completed, concurrent Montana Naturopathic
Physician License Application _____)

26. Indicate below how the 100 hours required in 37-26-304, MCA were completed.

| Hours | Internship | Location | Supervisor Name /License # |
|-------|------------|----------|----------------------------|
| _____ | _____ | _____ | _____ |

| Hours | Preceptor | Location | Supervisor Name/License # |
|-------|-----------|----------|---------------------------|
| _____ | _____ | _____ | _____ |

| Hours | Course Work | Location | Submit transcript with hours highlighted |
|-------|-------------|----------|--|
| _____ | _____ | _____ | _____ |

Date of Photo: _____

AFFIX A RECENT PHOTOGRAPH.

I authorize the release of information concerning my competence to practice, by anyone who might possess such information, to the Montana Board of Alternative Health Care.

I hereby declare, under penalty of perjury, the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

Legal Signature of Applicant

Dated

Subscribed and sworn to by me this _____ day of _____, _____ at

City/State

Notary Public

SEAL

For the State of

My commission expires _____, _____.